ROCC
REGIONAL OCCUPATIONAL CARE CENTER
A UNITY HEALTHCARE PARTNER

unity
IMMEDIATE CARE CENTER

Franciscan HEALTH

☐ Regional Occupational Care Center
1321 Unity Place, Suite A
Lafayette, IN 47905
PH: 765.446.2450
FX: 765.446.1083
Monday - Friday, 8:00am - 6:00pm

☐ Regional Occupational Care Center
2002 W. County Road 0 N/S
Frankfort, IN 46041
PH: 765.670.6417
FX: 765.670.6438
Tuesday & Thursday, 8:00am - 4:00pm

☐ Unity Immediate Care Center
1321 Unity Place, Suite B
Lafayette, IN 47905
PH: 765.446.1362
Monday - Sunday, 8:00am - 8:00pm

☐ Franciscan Health
1701 South Creasy Lane
Lafayette, IN 47901
PH: 765.502.4000
Monday - Sunday, 24/7

AUTHORIZATION FOR TREATMENT

Name:_____

Birth Date: __ __ - __ __ - __ __ __ __
(Month) (Day) (Year)

If temporary employee, through which service:

☐ Adecco ☐ Olsten
☐ CTI Personnel ☐ Manpower
☐ Express Personnel ☐ _____

☐ **Work Related Injury**
Date of Injury: _____

Part of Body Injured: _____

Post Accident Drug Screen
☐ Yes ☐ DOT ☐ Breath Alcohol
☐ No ☐ NON DOT
Note: After Hours Drug Screen $250.00. Call 765.446.2450.

☐ **Body Fluid Exposure**
Date of Exposure: _____Part of Body Involved: _____

History:

Physical Exam
☐ DOT ☐ Basic
☐ Pre-Employment
☐ Respirator Physical
☐ Respirator Fit w/ OSHA Questionnaire
☐ Other _____

☐ Injection
☐ Tetanus / Tdap
☐ Hepatitis_____
☐ MMR
☐ Varicella
☐ TB Screening ☐ Skin Test
☐ Quantiferon
☐ Chest XRay

Tests
☐ Urine Drug Screen
☐ 5 Panel ☐ 11 Panel ☐ DOT
☐ Breath Alcohol
☐ Hair Collection
☐ Other _____

Reason
☐ Pre-Employment
☐ Random
☐ Post-Accident
☐ Reasonable Suspicion
☐ Return to Work

Other
☐ Vision Test
☐ Hearing Test

☐ Lab
☐ Hepatitis Titer
☐ MMR Titer
☐ Varicella Titer

☐ Lab Other
☐ _____
☐ _____
☐ _____
☐ _____

Should there be any questions regarding this employee, please contact:

Company: _____

Contact Person: _____ **Phone: (____) __ __ __ - __ __ __ __**

Authorized Signature: _____ **Date:** _____

REV 2/17